

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Natalia Lipari

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 18 / 2014

Mailing Address 19 Fallen Leaf Rd

Amount

19.24

City State Zip Code
Holbrook NY 11741-2803

Transaction ID : VN7CZ9VQ3Q9

Purpose of Expenditure
Salary and BenefitsCategory/
TypeOffice Sought: ☒ House State: NY
☐ Senate District: 01
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Lee ZeldinCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 114073.02Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Natalia Lipari

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 18 / 2014

Mailing Address 19 Fallen Leaf Rd

Amount

19.24

City State Zip Code
Holbrook NY 11741-2803

Transaction ID : VN7CZ9VQ4N4

Purpose of Expenditure
Salary and BenefitsCategory/
TypeOffice Sought: ☒ House State: NY
☐ Senate District: 01
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Tim BishopCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 114073.02Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Michael Logan

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 15 / 2014Mailing Address 304 Pomona Dr
Ste A

Amount

77.52

City State Zip Code
Greensboro NC 27407-1651

Transaction ID : VN7CZ9VJMT7

Purpose of Expenditure
Salary and BenefitsCategory/
TypeOffice Sought: ☐ House State: NC
☒ Senate District: 00
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Kay HaganCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 131139.14Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... 116.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)